



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GIAVPG

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Cycle #:		
Date of Previous Cycle: _____				
<input type="checkbox"/> Delay treatment _____ week(s) <input type="checkbox"/> CBC & Diff, Platelets day of treatment May proceed with doses as written if within 24 hours ANC greater than or equal to 1.0 x 10⁹/L, Platelets greater than or equal to 100 x 10⁹/L, Creatinine Clearance greater than or equal to 60 mL/min (if using CISplatin) Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity: _____ Proceed with treatment based on blood work from _____				
PREMEDICATIONS: Patient to take own supply. RN/Pharmacist to confirm _____.				
ondansetron 8 mg PO prior to treatment				
dexamethasone <input type="checkbox"/> 8 mg or <input type="checkbox"/> 12 mg (select one) PO prior to treatment				
<input type="checkbox"/> Other: _____				
Have Hypersensitivity Reaction Tray and Protocol Available				
CHEMOTHERAPY:				
gemcitabine 1000 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 250 mL NS over 30 minutes on Day 1 and Day 8				
CISplatin 25 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 100 to 250 mL NS IV over 30 minutes on Days 1 and Day 8				
OR				
CARBOplatin AUC 5 x (GFR + 25) = _____ mg IV in 100 to 250 mL NS over 30 minutes Day 1				
DOSE MODIFICATION REQUIRED ON DAY 8:				
gemcitabine 1000 mg/m ² /day x BSA = _____ mg				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 250 mL NS over 30 minutes on Day 8				
CISplatin 25 mg/m ² /day x BSA = _____ mg (not applicable if CARBOplatin Day 1)				
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² /day x BSA = _____ mg				
IV in 100 to 250 mL NS IV over 30 minutes on Day 8				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book chemo Day 1 & 8.				
<input type="checkbox"/> Last Cycle. Return in _____ week(s).				
CBC & Diff, Platelets, Creatinine, Bilirubin prior to Day 1				
CBC & Diff, Platelets, Creatinine prior to Day 8				
If clinically indicated: <input type="checkbox"/> CA19-9				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	